



Participant Application

Return application to Guidance Office or UBMS advisor.

PART I: STUDENT INFORMATION

Today's Date _____ Social Security Number _____ (For pay purposes)

Name _____ (First) (MI) (Last)

I prefer to be called (name) _____

Home Address _____

City _____ State _____ ZIP Code _____

PO Box Address _____ Home Phone Number _____

Student Cell Number _____ Student Email _____

Date of Birth _____ / _____ / _____ Age _____ Gender Male Female Other
Month Day Year

High School _____ Current Grade 9 10 11 12

Expected Year of High School Graduation: 20 _____

Ethnic Background (mark all that apply, needed for federal reporting)

- Asian Hispanic Black or African American American Indian/Alaskan Native
- Native Hawaiian or other Pacific Islander White Other _____

How many people live in your house? _____ Parent/Guardian Name _____

What is their relationship to you? _____

Parent/Guardian Cell Phone _____ Parent/Guardian Email _____

I attest to the fact that the above information is true and accurate to the best of my knowledge. I understand the purpose of the Kirkwood Community College TRIO Upward Bound Math/Science Program, which is to prepare participants to successfully complete a program of postsecondary education. As part of my personal effort in this preparation, I commit to Upward Bound Math/Science and intend to participate in all academic year and summer components of the program. I understand that attendance is an integral part of participating. Therefore, I agree to regularly participate in all classes, meetings, and activities sponsored by Upward Bound Math/Science. I will comply with all rules and regulations of the TRIO Upward Bound Math/Science Program, and I am aware that failure to comply could result in dismissal from the program. I understand and willingly commit to meeting these expectations.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PART II: STUDENT GOALS

What is your career interest? _____ Not sure yet

Do you want to attend college? Yes No Not sure yet

STUDENT INTERESTS

What are your hobbies and/or interests?

In which school activities, clubs, or other extracurricular activities do you participate?

What's your favorite subject? _____ Least favorite? _____

In what subject area(s) would additional tutoring be beneficial?

STUDENT COMMITMENT

How could joining the Kirkwood Community College Upward Bound Math/Science Program help you? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic support/enrichment | <input type="checkbox"/> Making friends | <input type="checkbox"/> Listening skills |
| <input type="checkbox"/> Personal support/counseling | <input type="checkbox"/> Six-week summer component | <input type="checkbox"/> Assistance with the ACT |
| <input type="checkbox"/> Career counseling | <input type="checkbox"/> Mentoring services | <input type="checkbox"/> Making money |
| <input type="checkbox"/> Assistance with college admission | <input type="checkbox"/> Better grades | <input type="checkbox"/> Other |
| <input type="checkbox"/> Assistance with financial aid | <input type="checkbox"/> Field trips | |

In the space below, write a short paragraph about how you would benefit from participating in Upward Bound Math/Science:

PART III: PARENT/GUARDIAN INFORMATION

Note: ALL information provided is kept CONFIDENTIAL. This information is necessary for determining your eligibility for UBMS and is required of all families whose children are served by the Upward Bound Math/Science Program. Your cooperation is needed in filling out the information completely.

Student Name _____

There are two ways to qualify for the UBMS program

Are you a first-generation college student?

Have either of your parents or guardians graduated from college with a 4-year degree?

Yes No If yes, which parent/guardian? _____

What degree did they receive? _____

Are you financially eligible?

Upward Bound Math and Science is funded by a grant from the federal government. The United States Department of Education requires each UBMS program to select two-thirds of program participants from families whose taxable income is at or below federal income guidelines that are set annually by the Department of Health and Human Services. The information requested in this form helps us assess the applicant's eligibility and will be kept strictly confidential.

How many people lived in your house? Include parents/guardians _____

Please check the income range that is closest to your taxable income:

\$23,475 - 31,725

\$48,225 - 56,475

\$72,975 - 81,225

\$31,725 - 39,975

\$56,475 - 64,725

\$81,225+

\$39,975 - 48,225

\$64,725 - 72,975

I hereby certify that the above-stated information is, to my knowledge, correct and true.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed _____

PART IV: PARENT/GUARDIAN STATEMENT OF PERMISSION AND SUPPORT

I hereby grant permission for my child, _____, to participate in the Upward Bound Math/Science Program at Kirkwood Community College.

I pledge to support my child in his/her endeavors for academic success and to encourage his/her participation in the Kirkwood Community College Upward Bound Math/Science Program. I understand that my child will be required to regularly attend UBMS activities.

I hereby give the Kirkwood Community College TRIO Upward Bound Math/Science Program permission to receive copies of educational records and other materials necessary for participation in the program. Further, permission is granted to request academic and financial aid information and records from any and all postsecondary institutions in order to track college progress. I understand all of my records will be kept in confidence and in accordance with the Privacy Act of 1974.

You have our consent to release grades, test scores, and any other academic records to the Kirkwood Community College TRIO Upward Bound Math/Science Program.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Media Release Form

I give permission for my child's photo/image to be used on the Kirkwood Community College Upward Bound Math/Science website or in other program promotional materials.

Parent/Guardian Signature _____ Date _____

PART V: RELEASE OF LIABILITY AND CONSENT

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in Kirkwood Community College Upward Bound Math and Science (UBMS)-sanctioned activities.

During the time Kirkwood Community College UBMS or its representatives will be providing field trips, and for other good and valuable consideration, YOU AGREE and state, on behalf of yourself, your heirs, assigns, executors, and others, as follows:

- 1. I UNDERSTAND THAT the Kirkwood Community College UBMS project will strive to protect all participants from danger, injuries, and abuse during the period they are participating in sanctioned project activities by establishing rules and guidelines for Kirkwood Community College UBMS participants, staff, and representatives.
- 2. I UNDERSTAND THAT INJURIES AND DAMAGES to my child are possible, including, but not limited to, injuries common to all of the activities of the Kirkwood Community College UBMS activity, the risk of property damage and personal injury from motor vehicle accidents, the actions of fellow participants, my child's own actions or inactions, and also SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, sicknesses, and any other physical or mental effects which may result from my child's participation; and
- 3. I UNDERSTAND AND ACCEPT THE RISK OF ALL (including unforeseeable) INJURIES AND OTHER DAMAGES resulting from or arising out of my child's participation;

4. With awareness of an agreement with all of the above, I, on behalf of myself, my heirs, executors, and administrators, agree to RELEASE Kirkwood Community College UBMS, their officers, faculty members, employees, agents, and volunteers FROM ANY AND ALL LIABILITY, for ANY INJURIES OR OTHER DAMAGES SUFFERED BY MY CHILD resulting from or arising out of participation in Kirkwood Community College UBMS; and

5. That I WILL INDEMNIFY Kirkwood Community College, faculty members, teaching assistants, resident assistants, supervisors, and participants, Kirkwood Community College UBMS, their officers, employees, agents, and volunteers FOR ANY liability OR OTHER DAMAGES suffered by them AS A RESULT OF MY CHILD'S ACTIONS.

If my student is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College and Kirkwood Community College UBMS to provide or see that the necessary care is provided. Additionally, I give the college permission to submit my medical insurance information to any medical provider caring for my minor child.

Parent/Guardian Full Name PRINTED _____

Parent/Guardian Signature _____ Date _____